



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF : Joan Hulburt et al.
FOR : **FOLDING SCALE WITH CENTER
CONSOLE**
SERIAL NO. : 10/680,796
FILED : October 7, 2003
ATTORNEY DOCKET NO. : **HULZ 2 00003**

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.102(c) and M.P.E.P. § 708.02 IV, applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

☒

applicant's birth certificate

☐

a declaration by the applicant that she is over 65 years of age.

Respectfully submitted,

FAY, SHARPE, FAGAN,
MINNICH & McKEE, LLP

25 Feb 2005
Date

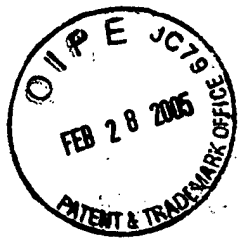
Jay F. Moldovanyi
Jay F. Moldovanyi
Reg. No. 29,678
1100 Superior Avenue
Seventh Floor
Cleveland, OH 44114-2518
216/861-5582

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I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in
an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

on 2-25-05

Kathleen A. Minnich
(SIGNATURE)
KATHLEEN A. Minnich



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DECLARATION OF JOAN HULBURT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant declares that she is over 65 years of age and, for that reason, is entitled to submit a Petition To Make Special Because Of Applicant's Age.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon, declares that all statements made of her own knowledge are true; and all statements made on information and belief are believed to be true.

Respectfully submitted,

Date

2/20/05

Joan Hulburt

PLACE OF BIRTH
District of Columbia

HEALTH DEPARTMENT, DISTRICT OF COLUMBIA

Certificate of Birth

Registration No.

414608

Dist. No.

3

35th and N. Sts.

(Give street, house no., and section)

Georgetown Univ. Hosp.

(Name of institution, if any)

Use this form ONLY in case of a live birth (1).
In other cases use the form provided for the reporting
of STILLBIRTHS. No report need be made of a
stillbirth when the fetus has apparently not passed
the fifth month of gestation.
If a stillbirth occurs in the practice of a midwife,
she must report it IMMEDIATELY to the Coroner.
This may be done through the nearest police station.

(Reserved for use of Health Department)
HEALTH DEPARTMENT
D.C.

NOV 1

1938 MAY 4 PM 2 07

Full name of child Joan Harriet McKnee

(If not named when this report is made, parents should make a separate report. See instructions on back.)

Sex of child

female

Twin, triplet, or other?

No. in order of birth

Legitimate

Yes. No. Unknown

Date of birth April 25 1938

(Month) (Day) (Year)

FATHER

Full name Harry H. McKnee

Residence 2240-40th St. N.W.

Color White

Age last birthday 25 years

Birthplace D.C.

Occupation Shipping Clerk

MOTHER

Full maiden name Jane Poole

Residence 2240-40th St. N.W.

Color White

Age last birthday 20 years

Birthplace California

Occupation Housewife

No. of children born to this mother, including present birth 1

No. of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY that I attended at the birth of this child, that it occurred on the date above stated, at 7:23 A. in
that the child was born alive (1), and that the above information, in so far as not based upon my personal observation, was
furnished by Mrs. Jane P. McKnee, whose relationship to this child is that of Mother
and whose address is 2240-40th St. N.W.

Signature of

[Signature]

[Signature]

Address 3064 1st St. N.W.

Physician or Midwife

Dated May 1 1938

Instructions:— (1) A child is born alive if it breathes or shows any other evidence of life after the child is altogether outside of the mother's body.
(2) In case of multiple births a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
(3) A child is legitimate if either conceived or born in wedlock. Draw a line through the words not needed. For instructions as
to reporting illegitimate births, see Act printed on back of this blank.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

Signature of

Obstetrician or

Midwife

Signature of

Obstetrician or

Midwife

Signature of

Obstetrician or

Midwife

Signature of

Obstetrician or

Midwife

Signature of

Obstetrician or

Midwife

Form 6 D. C.

BEST AVAILABLE COPY